

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000085727

**Entity Name:** JOWERS VARGAS LLC

**Current Principal Place of Business:**

612 HIBISCUS DRIVE  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1090 BASCOMB FARM DRIVE  
ALPHARETTA, GA 30009 US

**FEI Number:** 85-0504282

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEGALINC CORPORATE SERVICES INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name LAMB, ALEXIS  
Address 612 HIBISCUS DRIVE  
City-State-Zip: HALLANDALE BEACH AL 33009

Title AMBR  
Name JOWERS, EVAN  
Address 612 HIBISCUS DRIVE  
City-State-Zip: HALLANDALE BEACH AL 33009

Title AMBR  
Name VARGAS, ALEJANDRO  
Address 612 HIBISCUS DRIVE  
City-State-Zip: HALLANDALE BEACH AL 33009

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALEXIS LAMB

**MEMBER**

**03/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000085727

**Entity Name:** JOWERS VARGAS LLC**Current Principal Place of Business:**1150 NW 72ND AVE TOWER I STE 455 #1248  
MIAMI, FL 33126**Current Mailing Address:**1150 NW 72ND AVE TOWER I STE 455 #1248  
MIAMI, FL 33126 US**FEI Number:** 85-0504282**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
 Name LAMB, ALEXIS  
 Address 1150 NW 72ND AVE TOWER I STE 455 #1248  
 City-State-Zip: MIAMI FL 33126

Title AMBR  
 Name JOWERS, EVAN  
 Address 1150 NW 72ND AVE TOWER I STE 455 #1248  
 City-State-Zip: MIAMI FL 33126

Title AMBR  
 Name VARGAS, ALEJANDRO  
 Address 1150 NW 72ND AVE TOWER I STE 455 #1248  
 City-State-Zip: MIAMI FL 33126

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALEXIS LAMB**MEMBER****04/14/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000085727

**Entity Name:** JOWERS VARGAS LLC**Current Principal Place of Business:**3901 NW 79TH AVE, STE 245 #1248  
MIAMI, FL 33166**Current Mailing Address:**3901 NW 79TH AVE SUITE 245 #1248  
MIAMI, FL 33166 US**FEI Number:** 85-0504282**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR
Name	LAMB, ALEXIS
Address	3901 NW 79TH AVE, STE 245 #1248
City-State-Zip:	MIAMI FL 33166

Title	AMBR
Name	JOWERS, EVAN
Address	3901 NW 79TH AVE, STE 245 #1248
City-State-Zip:	MIAMI FL 33166

Title	AMBR
Name	VARGAS, ALEJANDRO
Address	3901 NW 79TH AVE, STE 245 #1248
City-State-Zip:	MIAMI FL 33166

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ALEXIS LAMB**MEMBER****04/07/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date

L200000 85727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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COURT HOUSE  
JANUARY 1, 2020

am  
5/18/20

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JOWERS VARGAS LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON

\_\_\_\_\_  
Name of Person

INCFIIE.COM LLC

\_\_\_\_\_  
Firm/Company

17350 STATE HWY 249 STE 220

\_\_\_\_\_  
Address

HOUSTON, TX 77064

\_\_\_\_\_  
City/State and Zip Code

EFILE1234@INCFIIE.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON

855 829-9090  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JOWERS VARGAS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/19/2020 and assigned  
Florida document number L20000085727.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

City, Florida Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	YULIYA VINOKUROVA	3901 NW 79TH AVE SUITE 245 #1248	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L20000085727  
FILED 8:00 AM  
March 19, 2020  
Sec. Of State  
tscott**

**Article I**

The name of the Limited Liability Company is:  
JOWERS VARGAS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3901 NW 79TH AVE SUITE 245 #1248  
MIAMI, FL. US 33166

The mailing address of the Limited Liability Company is:  
3901 NW 79TH AVE SUITE 245 #1248  
MIAMI, FL. US 33166

**Article III**

The name and Florida street address of the registered agent is:  
LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL. 33907

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: PATTY SCLIMENTI

#### Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
ALEXIS LAMB  
3901 NW 79TH AVE SUITE 245 #1248  
MIAMI, FL. 33166 US

Title: AMBR  
EVAN JOWERS  
3901 NW 79TH AVE SUITE 245 #1248  
MIAMI, FL. 33166 US

Title: AMBR  
ALEJANDRO VARGAS  
3901 NW 79TH AVE SUITE 245 #1248  
MIAMI, FL. 33166 US

Title: AMBR  
YULIYA VINOKUROVA  
3901 NW 79TH AVE SUITE 245 #1248  
MIAMI, FL. 33166 US

Signature of member or an authorized representative

Electronic Signature: LOVETTE DOBSON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L20000085727  
FILED 8:00 AM  
March 19, 2020  
Sec. Of State  
tscott